

Missouri DECA Friends of DECA Nomination



*Please print or type clearly and accurately. Must be postmarked to State Office by **March 1**.*

Nominee's Name _____
First Middle Initial Last

Position/Title _____

Place of Business _____

Business Address _____
Street City State Zip

Our Chapter submits this nomination for the Friends of DECA Award for the following reasons (please list all the accomplishments which qualify the nominee for this award. A minimum of **5 items** in addition to #1 are required):

1. *This individual has participated and assisted with the ME COE program for _ years.*
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Chapter Advisor's Rationale for Nomination:

Chapter Advisor Signature

Chapter Name

Chapter President Signature

School Name